UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB Number: Expires: Estimated aver hours per respo | 3235-0076 May 31, 2002 age burden onse 16.00 |
|--|---|
| SEC US | E ONLY |
| Prefix | Serial |
| DATE | , EQEN (50 |

OMB APPROVAL

| Name of Offering (check if this is an amendment and name has changed, and indicate | change.) | | | | | |
|--|--|--|--|--|--|--|
| Ashford Capital Partners, L.P. | | | | | | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Rule 4(6) X ULOE | | | | | | |
| Type of Filing: New Filing X Amendment | - JUL 1 6 2004 | | | | | |
| A. BASIC IDENTIFICATION DATA | (JOE 1.8 2004) | | | | | |
| 1. Enter the information requested about the issuer | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate check Ashford Capital Partners, L.P. | lange.) 179 [3] | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 3801 Kennett Pike, Greenville Center, Building B-107, Wilmington, DE 19807 | Telephone Number (Including Area Code) (302) 655-1750 | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) | | | | | |
| Brief Description of Business | | | | | | |
| Primarily acquisition of equity securities for capital appreciation | | | | | | |
| Type of Business Organization | *** | | | | | |
| ☐ corporation X limited partnership, already formed | other (please specify): PROCESCE | | | | | |
| ☐ business trust ☐ limited partnership, to be formed | JUL 20 2004 | | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Ye 0 5 | 2 X Actual | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | | |
| CN for Canada; FN for other foreign jurisdictions) | | | | | | |
| CENERAL INCREMENTATIONS | | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate sates will not result in a loss of the federal exemption. Conversely, failure to file appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated of filing of a federal notice.

1 of 8

| A. BASIC IDENTIFICATION DATA | |
|---|---------|
| 2. Enter the information requested for the following: | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issued. | |
| • Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director X General Partner | |
| | |
| Full Name (Last name first, if individual) Ashcap Corp. | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3801 Kennett Pike, Greenville Center, Building B-107, Wilmington, DE 19807 | |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Parmer | |
| Full Name (Last name first, if individual) Ashford, Theodore H. | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3801 Kennett Pike, Greenville Center, Building B-107. Wilmington, DE 19807 | |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) Ashford, Jane C. | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3801 Kennett Pike, Greenville Center, Building B-107, Wilmington, DE 19807 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Managing Parmer

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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|-----------------------|--|--|---|--|---|--|------------------------------|--------------------------|---|-------------------------------|--|--------------|---------|
| 1.Has th | ie issuct so | ld, or does | the issuor | intend to s | ell, to non- | accredited | investors i | n this offer | ing? | | | Yes | No X |
| | | , | | | | dix, Colum | | | - | | | _ | |
| 2 Wha | t is the mir | imum inve | soment tha | | • • | | | | | | \$1,000,0 | 000* | |
| <u> </u> | | | ını subjeci | | | | | | | | +4,, | | |
| | • | | • | | | | | | | | | Yes | No |
| 3. Does | s the offeri | ng permit j | oint owner | ship of a s | ingle unit? | | • | • | | | | X | |
| sion be li name | or similar r sted is an a e of the bro | emunerations ssociated p ker or deal | nested for e on for solice erson or ag er. If more ion for that | itation of p gent of a bu than five (: | urchasers in toker or dea (5) persons t | n connection aler register to be listed: | on with sale red with the | s of securit SEC and/ | ies in the o or with a s | ffering. If a ate or state | person to s, list the | | |
| Full Na | me (Last na | ame first, it | f individual | 1) | | | | | · | | | | |
| N/A | | | | | | | | | | | | | |
| Busines | s or Reside | nce Addre | ss (Numbe | r and Stree | et, City, Sta | ite, Zip Co | de) | | | | | | |
| Narne o | f Associate | d Broker o | or Dealer | | | | ··· | | | | · | | |
| States in | n Which Pe | rson Liste | d Has Solic | ited or Int | ends to Sol | icit Purcha | sets | <u></u> | | <u></u> | | | |
| (Check | c"All State | s" or check | k individua | l States) | | ************ | | | | | 🗀 | All Sta | tes |
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| [IL] | [N] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | • |
| [MT] | [NE] | [NV] | [NH] | [N1] | [MM] | [NY] | [NC] | | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [M\] | [WI] | [WY] | [PR] | |
| Full Na | me (Last na | ame first, i | f individual | 1) | | | | | | | | | |
| N/A | | | · | | | | | | | | | | |
| Busines | s or Reside | nce Addre | ss (Numbe | r and Street | et, City, Sta | ne, Zip Co | de) | | | | | | |
| Name o | f Associate | d Broker o | or Dealer | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| | | | d Has Solic | | | neit Purcha | SCIS | | | | | | |
| | | | k individua | | | *************************************** | | | | | | All Sta | tes |
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| | | | f individua | | | | | | <u> </u> | | | | |
| N/A | - NO (NO 1- | | | •• | | | | | | | | | |
| | n av Daaid | | ss (Numbe | - 0-4 Crea | or Clark Sec | ro Zin Co | <i>d</i> 2) | | | | ···· | | |
| Busines | s of Reside | ence wadie | sa (tamme | i and oned | er, Crry, Sie | ite, zip Co | ue) | | | | | | |
| Name o | of Associate | ed Broker o | or Dealer | | | | | | | | | | |
| States in | n Which Po | erson Liste | d Has Solid | ited or Int | ends to So | licit Purcha | isers | | | | ······································ | | |
| (Checl | k "All State | es" or chec | k individus | il States) | .,.,,, | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | All Sta | tes |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| [TL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [M1] | [MN] | [MS] | [MO] | - |
| [MT] | [NE] | [NV] | [NH] | (XX) | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | (SC) | [SD] | (TN) | [TX] | [UT] | [VT] | [VA] | [WA] | (WV) | [WI] | [WY] | [PR] | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

| | already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|---|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debī | \$0- | \$0- |
| | Equity | \$0- | \$ -0- |
| | X Common | | \ <u></u> |
| | Convertible Securities (including warrants) | \$0 | \$0 |
| | Parmership Interests | \$ 100,000,000 | \$ <u>44,751,704</u> |
| | Other (Specify) | \$0- | \$0- |
| | Total | \$ 100,000,000 | \$ 44,751,704 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number of Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 40 | \$_44.751.704 |
| | Non-accredited Investors | -0- | \$0 |
| | Total (for filings under Rule 504 only) | N/A | \$ <u>N/A</u> |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$N/A |
| | Regulation A | N/A | \$ N/A |
| | Rule 504 | N/A | \$ <u>N/A</u> |
| | Total | N/A | \$ <u>N/A</u> |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. | | \$ |
| | | | |
| | Printing and Engraving Costs | | \$ 1,000 |
| | Legal Fees | | \$30,000 |
| | Accounting Fees. | | \$ 9.000 |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) (administrative) | | \$ |
| | Total | | \$ 40,000 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is \$ 99,960,000 the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Payments To Directors, & Others Affiliates □ \$_____ □ \$____ Salaries and fees □ \$____ □ \$____ Purchase of real estate..... □ \$____ □ \$_____ Purchase, rental or leasing and installation of machinery and equipment..... □ \$____ Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer □ \$_____ pursuant to a merger) □ \$_____ □\$ Repayment of indebtedness..... □ \$____ □ S Working capital..... Other (specify): Acquisition of Portfolio______ □ \$_ ___ X \$99,960,000 Columns Totals..... □\$____ X\$99,960,000 Total Payments Listed (column totals added) X \$ 99,960,000 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Signature 4 Issuer (Print or Type) Ashford Capital Partners, L.P. Title of Signer (Print or Type) Name of Signer (Print or Type) Theodore H. Ashford President of Ashcap Corp., the General Partner

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)